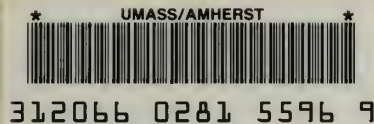


MASS. HS 30.1502: 5729/v.2



Statewide Support Services

Requests For Proposals

Training Centers

GOVERNMENT DOCUMENTS

JUN 15 1998

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DOCUMENT TWO

Massachusetts Department of Public Health

Bureau of Communicable Disease Control

Bureau of Family and Community Health

Bureau of Substance Abuse Services

November 1996

Statewide Support Services

Requests For Proposals

Training Centers

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Massachusetts Department of Public Health

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Bureau of Substance Abuse Services

November 1996

TRAINING CENTERS

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STATEWIDE TRAINING CENTERS

The purpose of the Statewide Training Centers is to advance the knowledge, skills, and competency of a targeted group of health and human service professionals and consumers. Statewide and regional training activities enhance the capacity of the public health system to reduce health risks and increase access to public health prevention, intervention and treatment services. To achieve this goal, the Statewide Training Centers will coordinate training and educational activities on emerging trends, clinical practice, prevention, health promotion, and other related issues. Training activities will be organized by the Statewide Training Centers and facilitated by a diverse, culturally competent cadre of trainers with expertise in relevant public health health issues. All training activities will be delivered with competencies in culture, language, gender, disabilities, sexual orientation, and age.

The Department of Public Health is issuing five (5) Statewide Training Center Requests for Proposals which are all included in this packet. The following is a brief description of each RFP with the name and telephone number of the contact person who will be available to respond to technical questions. *Potential applicants are urged to thoroughly review the RFPs and attend a Bidders' Conference before contacting the people listed below.*

1) Inter-Bureau Statewide Training Center

The Bureau of Substance Abuse Service(BSAS) and the Bureau of Family and Community Health (BFCH) will purchase up to \$677,300 for the delivery of statewide and regional training activities on substance abuse, osteoporosis, sexual assault prevention, birth defects, prevention and other related issues.

Contact Person: Jim Cremer
Bureau of Substance Abuse Services
(617) 624-5134, TTY: (617) 624-5186

2) Breast and Cervical Cancer

The Bureau of Family and Community Health (BFCH) will purchase up to \$90,000-\$100,000 annually for the delivery of training and continuing education on breast and cervical cancer to health service providers throughout the Commonwealth.

Contact Person: Janice Mirabassi
Bureau of Family and Community Health
(617) 624-5455



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3) Early Intervention

The Bureau of Family and Community Health (BFCH) will purchase up to \$300,000 annually for the delivery of training and continuing education for Early Intervention staff and families.

**Contact Person: Karen Welford (617) 624-5975
or Ron Benham (617) 624-5969
Bureau of Family and Community Health**

4) School Health Institute

The Bureau of Family and Community Health (BFCH) will purchase up to \$190,000 for the delivery of training and continuing education on school health issues for school health personnel throughout the Commonwealth.

**Contact Person: Tom Comerford
Bureau of Family and Community Health
(617) 624-5472**

5) Tobacco Control Statewide Training Center

The Bureau of Family and Community Health, Massachusetts Tobacco Control Program (BFCH/MTCP), will purchase up to \$200,000 annually for the delivery of skill-building and training to enhance tobacco control efforts in the Commonwealth.

**Contact Person: Lucinda Perry
Massachusetts Tobacco Control Program
(617) 624-5909**

INTER-BUREAU STATEWIDE TRAINING CENTER

I. PROGRAM DESCRIPTION

A. Program Overview

The Massachusetts Department of Public Health (DPH), Bureaus of Substance Abuse Services (BSAS) and Family and Community Health (BFCH) seek proposals from experienced, qualified, non-profit vendors to plan, coordinate, develop, and implement a wide range of basic and advanced training and educational activities on Substance Abuse, Osteoporosis, Sexual Assault Prevention, Birth Defects, Prevention, and other related issues. DPH anticipates funding one (1) Statewide Training Center up to \$677,300 to coordinate various training activities for BSAS and BFCH. BSAS is contributing \$582,300 and BFCH is contributing \$95,000.

The primary goal of the services being procured through this RFP is to advance the knowledge, skills, and competency of health and human service professionals. Training and educational activities enhance the capacity of the public health system to reduce health risks and increase access to public health prevention, intervention, and treatment services by educating professionals about emerging public health trends, clinical practices, prevention, health promotion, and other related issues. To achieve this goal, the vendor will develop and implement multiple, diverse training and educational activities on substance abuse, osteoporosis, sexual assault prevention, birth defects, and prevention. All training and educational activities will be delivered with competencies in culture, language, gender, disabilities, sexual orientation, and age. Training will be available to a wide range of health and human service professionals, including: local boards of health, health departments, and public health nurses.

Qualified bidders must have demonstrated experience in the delivery of diverse training services, needs assessment and planning, and organizing small and large training events. Priority will be given to applicants with knowledge of the public health system and the issues for which training and educational activities will be coordinated. Qualified bidders will have the capacity to build relationships and maintain affiliations with relevant health and human service professionals.

1) Bureau of Substance Abuse Services Trainings:

BSAS will purchase up to \$582,300 of substance abuse training and related educational activities. The goal of this service is to advance the knowledge, skills, and competency of substance abuse providers and other relevant health care professionals. To achieve this goal, the vendor will coordinate statewide and regional substance abuse training on issues ranging from clinical practice to program operations and management. Training events will be comprised of 20-50 participants. Conferences will be coordinated throughout the year and may serve between 100-800 conference participants. These services will be coordinated by appropriately trained and qualified staff. Training events will be facilitated by independent consultants/sub-contractors with expertise in substance abuse and other related issues.

Training enhances the ability of the substance abuse system to meet the diverse substance abuse prevention and treatment needs of clients by educating professionals about emerging trends, clinical practices, and various public health prevention and treatment models. Basic and advanced training will address emerging prevention and treatment issues and practices, related health issues, population-specific issues, and program and board management and operations. The vendor will be expected to develop and implement a core curriculum designed to meet the basic and advanced training needs of substance abuse professionals. Additional training and conferences, based on provider and system needs and emerging trends, will be coordinated and facilitated throughout the year. The vendor will be expected to solicit provider and consumer input into the planning process and will convene a Statewide Training Advisory Committee to advise the Statewide Training Center on all training and educational activities. Additionally, the vendor will coordinate 4-5 training activities each year for the Substance Abuse Consumer Advisory Board.

Training activities will be organized by the Statewide Training Center and facilitated by a diverse, culturally competent cadre of trainers with expertise in substance abuse and related issues. The Statewide Training Center will be responsible for recruiting and maintaining a pool of qualified trainers. Training activities must be culturally competent, inclusive, accessible to persons with disabilities, and geographically accessible to professionals across the Commonwealth. The Training Center will coordinate training in multiple sites throughout the six public health regions. Statewide training events may not be limited to a single public health region.

2) Bureau of Family and Community Health Trainings:

BFCH will purchase up to \$95,000 of multiple family and community health training initiatives.

Sexual Assault Prevention: BFCH will purchase up to \$26,000 in logistics for the coordination of three (3) statewide and three (3) regional sexual assault prevention trainings. The Training Center will coordinate two inter-disciplinary statewide day long conferences, one statewide conference for Rape Crisis Center staff, and three (3) regional trainings for the Victim Information Technology and Access and Linkage (V.I.T.A.L.) Project User Groups. BFCH will provide the vendor with topics areas and trainer information.

The goal of sexual assault prevention training is to promote, develop, and implement culturally-appropriate and age-appropriate sexual assault prevention programs, initiatives, and policies. To achieve this goal, training will be designed to improve population-based preventive education and community mobilization efforts, as well as systemic responses to survivors of sexual assault and harassment.

Massachusetts Birth Defects Center of Excellence: BFCH will purchase up to \$22,000 annually in logistics for the coordination of surveillance and research meetings, and assembling requested data.

The goal of this service is to provide logistical support for the Massachusetts Birth Defects Center of Excellence, a new center funded by the Centers for Disease Control and Prevention to integrate and expand existing congenital anomaly surveillance; conduct

research; contribute at least 400 interviews a year to the CDC's Birth Defects Risk Factor Surveillance Program; and establish a center that facilitates regional and national research efforts and furthers development of neighboring states' surveillance systems. To achieve this goal, meetings and other activities will be conducted to enhance state, regional, and national coordination.

Osteoporosis: BFCH will purchase up to \$20,000 in logistics for the coordination of four (4) regional Osteoporosis training events. The goal of osteoporosis training is to increase the number of health care professionals trained in osteoporosis education and counseling. Osteoporosis training will provide continuing education to health care professionals in the area of osteoporosis prevention by focusing on risk factors such as diet, exercise, tobacco use, medication interactions, environmental safety, and current treatment options. Regional training activities will be designed to increase and update the knowledge, awareness, skills, and capacity of health professionals. Training events will be coordinated in four (4) sites throughout the Commonwealth.

Partners in Perinatal Health Conference: BFCH will purchase up to \$7,000 in logistical support for the coordination of an annual statewide conference on perinatal health care issues. Up to 300 perinatal care providers will be trained in a one-day conference. BFCH will provide the vendor with topic areas and trainer information.

Inter-Bureau Statewide Prevention Conference: The Department of Public Health will purchase up to \$25,000 in logistical support for the coordination of an annual, two-day statewide prevention conference. Up to 1,000 health and human service professionals, youth, community leaders/volunteers, parents, and consumers will receive training on multiple prevention issues.

B. Service Elements/Service Delivery

The primary service elements for the delivery of statewide training activities include: *needs assessment and planning, training, and logistics*. All service elements will be delivered with competencies in culture, language, gender, disabilities, sexual orientation, and age. Applicants are expected to support each service element by adhering to the specified performance standards.

BSAS is purchasing services in all three of the primary service elements. The vendor will be expected to support each of the performance standards for the delivery of substance abuse training. BFCH is purchasing "logistics" only for the coordination of BFCH-identified training activities.

- 1) Needs Assessment and Planning:** The Statewide Training Center will engage in a formal and ongoing needs assessment and planning process.

Performance Standards

- A needs assessment process to include provider and consumer input is in place. The needs assessment identifies and prioritizes substance abuse provider and system training

needs each year. Consumer input may be solicited in a variety of settings and includes participation by the BSAS Consumer Advisory Board.

- An annual action plan is submitted to the BSAS at the start of each contract year. The action plan includes: a description of the needs assessment process, measurable goals and objectives, action steps, a description of how each performance standard is measured, a description of staff responsibilities, and a timeline for implementation. The action plan also includes a description and timeline for the implementation of a measurable provider satisfaction mechanism.

2) Training: The Statewide Training Center will develop and implement multiple state and regional training activities. Training activities will be conducted by consultant/sub-contractors. The training agenda will be planned and negotiated with BSAS annually.

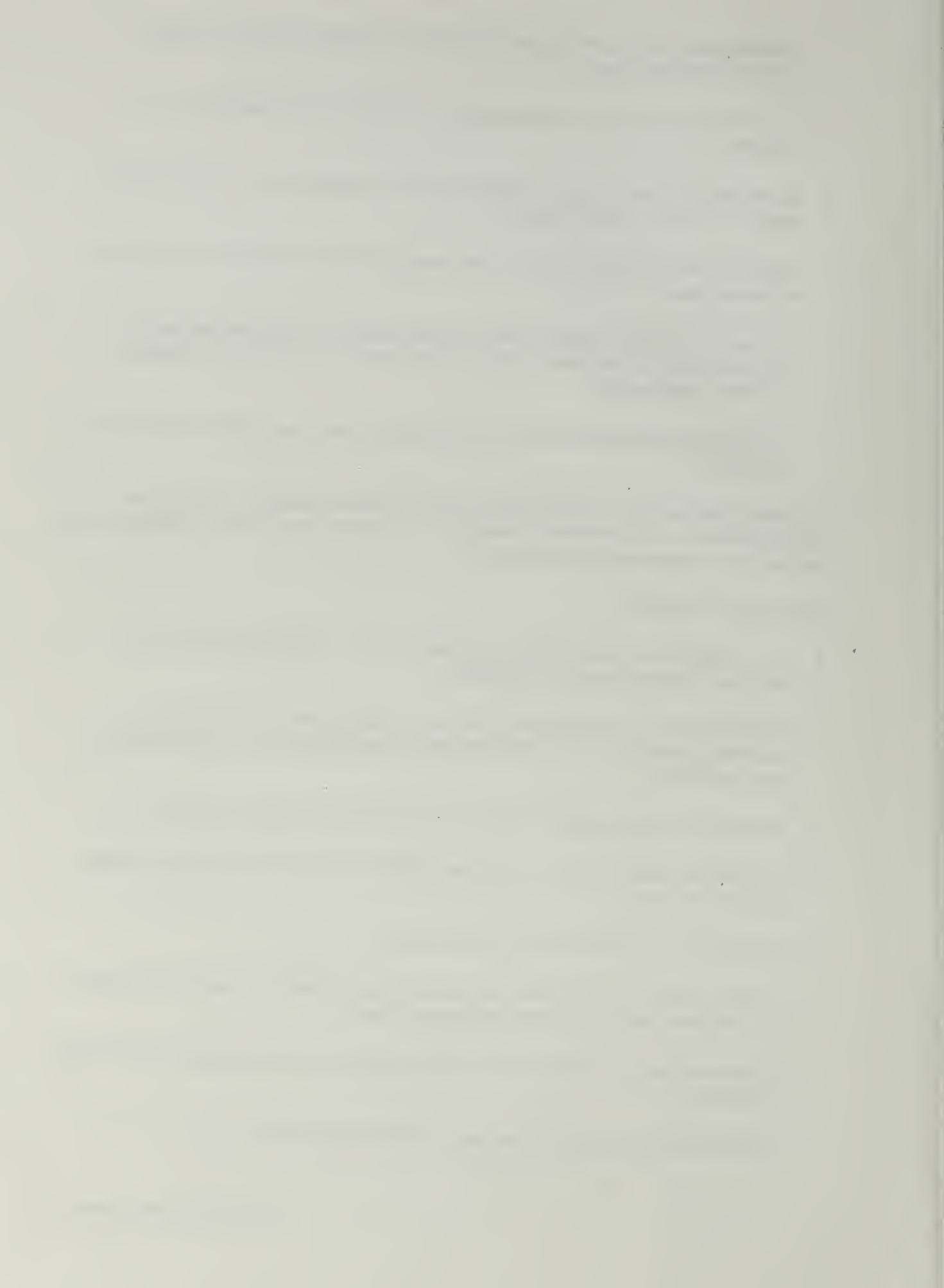
Performance Standards

- Statewide and regional training events are geographically accessible.
- Statewide training activities are not restricted to a single Massachusetts region, but are offered in other regions throughout the Commonwealth.
- Regional training activities are planned by regional training committees and coordinated and facilitated by the vendor.
- A Statewide Training Advisory Committee is coordinated and facilitated. This Advisory Committee consists of providers and consumers and advises the Statewide Training Center on all statewide and regional training activities.
- A cadre of culturally competent trainers is recruited and maintained. The trainer list is updated annually and made available to BSAS upon request.
- A comprehensive, culturally inclusive core curriculum is in place. The core curriculum reflects emerging and related public health issues, such as HIV/AIDS, nicotine dependence, violence, and population/community-specific issues.
- Board development, program management, operations, and fiscal training is coordinated for program administrators.
- Training events reflect current substance abuse and related public health trends and service needs.
- Training and educational events utilize adult learning techniques and promote attendee participation by using interactive teaching methods.
- A semi-annual or annual catalog of training events is developed and distributed statewide.

- A minimum of four (4) trainings are provided to the Substance Abuse Consumer Advisory Board each year.
 - Up to forty (40) trainings are coordinated for Prevention Centers and BSAS youth programs.
 - An inventory of other statewide training activities is maintained in an effort to reduce duplication and increase collaboration.
 - National training models are adapted and incorporated into the statewide and regional training agenda.
 - The vendor collaborates with the New England Institute of Addiction Studies, the Advanced School of Addiction Studies, and the Black Alcohol Council to plan and coordinate annual events.
 - Information on national and other state training activities is gathered and maintained by the vendor.
- 3) **Logistics:** The Statewide Training Center will coordinate all logistics for training and educational events. The vendor will be expected to meet these performance standards for all training activities procured through the RFP.

Performance Standards

- The development, design, printing, and distribution of training brochures/flyers, including “Save the Dates” is coordinated.
- All training events are accessible to persons with disabilities. Training sites are wheelchair accessible, and accommodations for auxiliary services and equipment are made available.
- Training events are provided in tobacco-free environments whenever possible.
- Training and conference fees are charged to off-set the cost of refreshments and meals provided at events.
- Registration for all training events is coordinated.
- Training packets, including name tags, agendas, and materials for each training event, are developed and distributed to training participants.
- Contractual agreements with trainers, including travel and accommodations for trainers, are facilitated.
- Continuing education units are available for all training events.



- Scholarships for the New England School of Addiction Studies, the Advanced School of Addiction Studies, and the Black Alcohol Council are made available to substance abuse providers.
- The Women's Alcohol, Tobacco, and Other Drug Awareness Week is coordinated each year.
- An updated and accurate mailing list is maintained for BSAS training activities. The list is updated two times per year and a process is in place to minimize multiple mailings to a single program.
- Trainers hired to facilitate BSAS training events are qualified experts and receive an orientation to the substance abuse system and information on the participant profile.
- Two (2) statewide and three (3) regional training events on sexual assault prevention are coordinated annually.
- Massachusetts Birth Defects Center for Excellence meetings are coordinated annually in a timely, efficient, and effective manner. Logistics for these meetings are coordinated and managed.
- Four (4) regional osteoporosis training events are coordinated annually.
- A statewide two-day Prevention Conference, targeting up to 1000 health and human service professionals, is coordinated annually. Logistics for this conference are coordinated and managed.
- A statewide "Partners in Perinatal Health" Conference for up to 300 health and human service professionals is coordinated annually. Logistics for this conference is coordinated and managed.
- Training and educational events are conducted in the most cost-effective manner possible.
- Each training event is evaluated. Evaluation summaries are made available to BSAS and BFCH quarterly.

C. Program Support and Administration and Other Program Requirements

The vendor will be expected to demonstrate adequate staffing and administrative support for the delivery of services being procured through this RFP.

- The staffing pattern supports the operation of the program.
- Program staff meet qualifications and receive regular supervision and on-going training.
- The program hours of operation meet provider service needs.

- The training sites and facilities meet provider service needs.
- An annual action plan is submitted to BSAS/BFCH at the start of each contract year.
- Quarterly and annual reports are submitted to BSAS/BFCH contract management team. Reports include the number and description of training events, budget information for each quarter, and a description of on-going provider and consumer input. Training evaluation summaries are also included.

II. DESIRED PROGRAM RESULTS/OUTCOMES AND PROGRAM ASSESSMENT

BSAS and BFCH have identified bureau-specific outputs. The vendor will be expected to meet all of the desired program outputs in this section.

A) Bureau of Substance Abuse Services

1) Program Result/Outputs

The activities supporting this service will advance the knowledge, skills, and competencies of substance abuse and other health care professionals.

Desired Program Outputs

Outputs are the quantity of services provided or work conducted within an identified period of time. The following outputs focus on three (3) primary mechanisms for soliciting provider and consumer input.

Applicants may submit additional outputs. Additional outputs may be determined based on the needs assessment and will be negotiated with BSAS.

- The vendor, in collaboration with BSAS, will determine the target percentage of provider participation in the needs assessment.
- The vendor, in collaboration with providers, will meet with substance abuse consumers at least twice a year to identify client needs and recommendations.
- The vendor will collect provider satisfaction data, establish baseline information, and submits analysis of the data quarterly to BSAS.

2) Program Assessment

The vendor is expected to self-monitor performance and report to BSAS/BFCH progress made on meeting the objectives delineated in the annual action plan.

- Program performance is measured and monitored by the vendor based on the annual plan.

- The quarterly and annual reports submitted to BSAS contract management team will include a description of the progress made on meeting the objectives delineated in the annual action plan.
- The vendor collaborates with BSAS in the development of appropriate tools designed to measure outputs and program performance.

B) Bureau of Family and Community Health

1) Desired Program Outputs

Sexual Assault Prevention:

- A minimum of 80 professionals and community leaders are trained at each of the two (2) annual statewide training/conferences.
- A minimum of 25 Rape Crisis Center staff are trained at an annual statewide training.
- A minimum of 16 V.I.T.A.L. User Groups are trained at each of the three (3) annual regional trainings.

Massachusetts Birth Defects Center for Excellence:

- Meetings will be organized and coordinated, travel plans and expenses will be provided for a minimum of four (4) meetings and data submission annually.

Osteoporosis:

- 800 health care professionals are trained annually.

Partners In Perinatal Health Conference:

- 300 perinatal health care professionals are trained annually.

Inter-bureau Statewide Prevention Conference:

- 1,000 health and human service professionals, community leaders/volunteers, youth, and consumers are trained annually.

2) Program Assessment

- The vendor will self-monitor performance and report progress made on meeting the objectives delineated in the annual action plan.
- The vendor will collaborate with BFCH in the development of appropriate tools designed to measure outputs and program performance.

III. BUDGET

The maximum obligation for the period July 1, 1997- June 30, 1998 is \$677,300. BSAS is contributing \$582,300 and BFCH is contributing \$95,000. Bidders are expected to submit individual sub-budgets for BSAS training activities and BFCH training activities. Applicants are also expected to submit a combined budget.

Reimbursement for this contract will be on a cost reimbursement basis in accordance with 808 CMR Prices for Social Service Programs.

IV. APPLICATION INSTRUCTIONS

Applicants are requested to respond to all of the questions listed below. The responses to these questions and the completion of required forms and other materials will constitute the agency's proposal to the Department. Applicants will provide their responses on the Attachment A forms (located in the Overview of the Statewide Services RFP). In responding to each question, applicants will write out the question and then the response, carefully following the sequence of each section.

Complete the Attachment B budget forms and the Budget Worksheet according to the budget instructions. The Attachment B budget forms, the Budget Worksheet and the budget instructions can be found in the Overview of the Statewide Services RFP.

The proposal may not exceed 20 pages single spaced, excluding the budget forms and the appendices or be smaller than 12 point.

For technical questions regarding this RFP contact: Matthew Cornish (617) 624-5381, TTY (617) 624-5186.

Section I: Program Description

1. Describe your agency's experience in coordinating and facilitating training and educational events.
2. Describe your agency's experience in establishing affiliations and linkages with relevant health and human service providers.
3. Describe the proposed implementation of each of the discrete service elements in Section IB(1)(2). The description must include strategies for implementing each of the performance standards under Section IB(1)(2). Include a detailed description of the needs assessment process, measurable goals and objectives, a description of how each performance standard will be measured, a description of staff responsibilities, and a timeline for implementation.
4. Affirm that the agency will meet all performance standards listed under Section IB (3) "Logistics."

5. Affirm that the program will develop and maintain affiliations with relevant substance abuse and other health and human service agencies. Provide a list of agencies with which the program intends to establish affiliations. Include a brief description of the nature of the intended affiliation. Detailed affiliation agreements will be submitted to BSAS/BFCH within 90 days of the contract start date.
6. Describe the Training Center's staffing pattern, staff credentials and qualifications, and staff supervision.
7. Identify the Training Center's location and hours of operation.
8. Affirm that the program will comply with all BSAS/BFCH reporting requirements.

Section II: Desired Program Results/Outcomes and Program Assessment

9. Describe your agency's process for soliciting consumer input in program planning and implementation.
10. Describe how your agency will develop and implement a provider satisfaction process. Include a description of the target audience, timeline for implementation, and the process for follow-up and analysis.
11. Describe how your agency will self-monitor performance.
12. Affirm that your agency will collaborate with BSAS on the development of appropriate tools designed to measure outputs and program performance.

BREAST AND CERVICAL CANCER TRAINING INSTITUTE

I. PROGRAM DESCRIPTION

A. Program Overview

The Bureau of Family and Community Health, Women's Health Unit seeks proposals from qualified, not-for-profit vendors to establish and implement a statewide Breast and Cervical Cancer Training Institute (BCCTI). The BCCTI will provide a broad range of continuing education programs for professionals and paraprofessionals on the topics of breast cancer early detection and cervical cancer prevention/early detection. The Department will fund one (1) BCCTI contract to provide services statewide. The contract will be funded for up to \$90,000 - \$100,000 annually.

In 1992, Massachusetts was the first state in the nation to declare a breast cancer epidemic. In our state, breast cancer is the most common cancer among women, accounting for 30.5% of new cancer cases diagnosed between 1982 and 1990 -- a total of 36,621 new cases. The incidence of this disease in Massachusetts increased 24% between 1980 and 1990, from 90.1 to 112.0 per 100,000. Breast cancer incidence in Massachusetts is slightly higher than the national rate. Being female, and being older are the primary risk factors for breast cancer. Cervical cancer incidence and mortality in the United States have declined about 75% over the past 40 years, largely due to the effectiveness of early detection and treatment. Yet, on average, almost 100 women in Massachusetts die each year from cervical cancer - and most of these deaths were preventable.

The services being procured through this RFP support the goal of the Women's Health Unit to provide training and continuing education on breast and cervical cancer to health service providers throughout the Commonwealth. In 1995, MDPH released a report entitled the *Massachusetts Breast and Cervical Cancer Early Detection Plan* outlining three major professional education challenges: 1.. to encourage professionals to promote or perform breast and cervical cancer screening tests at appropriate intervals; 2.. to ensure that screening procedures are performed with clinical and technical accuracy; and 3.. to provide clinicians with knowledge and skills to appropriately manage the follow-up of abnormal clinical findings. The *Early Detection Plan* proposes detailed strategies to address these challenges, including the establishment of training programs for clinicians, allied health professionals and outreach workers. A major goal of the BCCTI is to support the implementation of the *Early Detection Plan* by promoting uniformly high levels of professional involvement in cancer screening and improving clinical expertise.

The BCCTI will be a component of the Massachusetts Breast and Cervical Cancer Initiative, the comprehensive statewide program managed by the Women's Health Unit at MDPH. The Initiative contracts with community-based agencies throughout Massachusetts to provide breast and cervical cancer screening services, public education and outreach, quality assurance, surveillance and evaluation. The screening services component of the Initiative offers free health exams, mammograms, Pap tests and related diagnostic tests to low-income, uninsured/underinsured women age 40+ in Massachusetts. One of the goals of the BCCTI is to address the multiple educational and training needs of the staff working across the state on the

Initiative, with a special focus on the personnel engaged in the delivery of the Initiative's free breast and cervical cancer screening services.

The contractor for the BCCTI must demonstrate a history of success providing public health training to medical professionals, paraprofessionals, outreach staff and community health workers. The contractor must have the ability to identify and recruit agencies and individuals possessing appropriate expertise to conduct breast and cervical cancer training, and must be able to establish and monitor subcontracts with these experts.

B. Primary Service Elements

The primary service elements for the BCCTI include needs assessment and planning, training, and workshop logistics. The contractor is expected to deliver each service element while adhering to specified performance standards to assure quality of services. All service elements will be delivered with competencies in culture, language, gender, sexual orientation, disability and age.

1) Needs Assessment and Planning

- a. Through the development of the *Early Detection Plan*, and through five years of experience conducting professional education programs, MDPH has obtained information on the continuing education needs of many BCCTI target groups. The BCCTI contractor will make use of these findings when planning programs, and will conduct additional needs assessments as determined to be necessary by MDPH.
- b. The BCCTI will develop annual and five-year plans. Plans will be developed in coordination with the Professional Education Coordinator of the MDPH Breast and Cervical Cancer Initiative, and will be reviewed and re-negotiated as necessary prior to the start of each new fiscal year. The plans will be assessed according to the following performance standards:

Performance Standards

- The contractor assesses the on-going training needs of the target audiences using appropriate training needs-assessment methods.
- The contractor provides opportunities for provider and consumer input and feedback in the plan, as well as linkages to other agencies and organizations.
- To avoid duplication and "overlap" of programs, and to provide an increased opportunity for collaboration, the contractor maintains an inventory of relevant breast and cervical cancer training activities offered throughout the state.
- MDPH receives timely updates on all aspects of the plan, and is consulted for input and feedback on a consistent basis.

2) Training

Over the contract period, the BCCTI will utilize qualified experts to provide training programs targeting a variety of audiences. The training agenda will be assessed and negotiated annually with MDPH. Workshops will be updated to reflect current trends and controversies in cancer screening, and will include, at a minimum, the following:

- a. **Clinician Education** - Ten half- or full-day didactic programs will be provided each contract year on breast and/or cervical cancer for physicians and mid-level clinicians (i.e., nurse practitioners, physician assistants and certified nurse midwives.. Programs will include such topics as recommended screening guidelines, influences and barriers related to screening, the MDPH Initiative, teaching breast self-exam, conducting clinical breast exams, Pap test technique, relevant diagnostic tests and risk management. Existing curricula may be used or adapted for this clinician education series. It is expected that a minimum of 25 participants will attend each session.
- b. **Clinical Skills Refresher Training** - A clinical skills refresher training program for physicians and mid-level clinicians will be conducted each year of the contract. This program will include didactic teaching followed by hands-on patient examinations to achieve improvement in: clinical breast exam skills; teaching breast self-examination to patients; Pap test technique. A minimum of 50 clinicians per year will be trained through this component of the BCCTI. The format and number of sessions for this component will be determined in negotiation with MDPH.
- c. **Radiological Technologist Mammography Training** - A mammography training workshop for radiologic technologists licensed to practice in Massachusetts will be developed and conducted in 3-5 areas of the state each contract year. It is expected that a minimum of 50 radiologic technologists will attend each workshop.
- d. **Medical Physicist Mammography Training** - One statewide workshop for medical physicists licensed to calibrate mammography equipment in Massachusetts will be conducted. The timing of this workshop will be determined in negotiation with the MDPH Radiation Control Program. Approximately 30 physicists will attend.
- e. **Cytology Training Workshops** - Beginning in Year One, and offered every other contract year, the BCCTI will conduct a one-day workshop for cytotechnologists on the topic of Pap smear cytology. Approximately 50 cytotechnologists and related health professionals will attend each workshop. At least two-thirds of the workshops will include a microscope session.
- f. **Nursing Seminar Series** - Each year of the contract, the BCCTI will conduct a series of four half-day didactic programs for RNs, LPNs, NPs and CNMs on the topics of breast and cervical cancer early detection and cervical cancer prevention. Programs will be held regionally. A minimum of 30 participants per seminar will attend.
- g. **Nursing School Faculty Symposium** - One two-day training workshop on breast and cervical cancer early detection for faculty members from the schools of nursing in Massachusetts will be offered in Year One of the contract. Approximately 75 faculty members will be in attendance.

- h. Massachusetts Breast and Cervical Cancer Initiative -- Staff Training -** (See pages 1-2 for additional information about the Initiative.. The BCCTI will conduct a series of 2-4 workshops per year for staff members and community volunteers of the agencies contracted by MDPH to provide community education, outreach and screening services under the Initiative. These workshops will begin in 1997 following the selection and establishment of the Initiative providers through the 1997 CHNA RFP process. The training topics will be determined annually in negotiation with MDPH. The number of participants will vary at each workshop, based on the service delivery model implemented by the 1997 RFP.
- i. Aging Network -** A series of 12 in-service training sessions will be conducted each year for professionals, paraprofessionals (home health aides, homemakers, etc., peer educators, volunteers and community health workers in the aging (elder services. network. A minimum of 20 participants will attend each workshop.

Performance Standards

- The staff members and trainers chosen for the BCCTI demonstrate cultural competency, and whenever possible incorporate information about language barriers, cultural diversity, disability issues, sexual orientation and ageism into training curricula.
- Training sessions reflect current public health trends and service needs, and provide the most up-to-date information on research, advances, controversies and majority opinions in the fields of breast and cervical cancer screening.
- Training sessions utilize adult learning techniques and promote attendee participation by using interactive teaching methods and providing time for participant input, questions and comments.
- The Clinical Skills Refresher Training program includes competency testing to assure that participants have reached a standard skill level.
- All training sessions include accurate written and oral information about making appropriate patient referrals to the health care screening sites of the MDPH Initiative.
- The contractor develops and utilizes training evaluations and review processes to determine effectiveness of training, and, as a result of this feedback, makes appropriate adjustments in program content, format and technique.

3) Logistics

The BCCTI contractor will handle all logistics for the training workshops outlined above. The BCCTI contractor will assume complete responsibility for:

- a.** Negotiation of contractual agreements with training faculty, including recruitment of faculty, confirmation of faculty participation, travel arrangements and accommodations

as necessary. In some cases these tasks may be conducted by a subcontractor, with oversight and ultimate responsibility retained by the BCCTI contractor.

- b. Development and distribution/mailing of workshop brochures, including “Save the Date” notices. The contractor will procure mailing lists from such sources as professional organizations, MDPH and Initiative staff to assure widespread distribution of workshop information. The contractor will also seek out sources of free advertising (e.g., newsletters of professional organizations. to publicize the workshop calendar.
- c. Booking training sites. Sites must be wheelchair accessible, and must provide other assertive equipment upon request. Training sessions will be conducted at sites across the Commonwealth with the locations to be determined in negotiation with MDPH.
- d. Coordination of pre-registration, on-site registration, refreshments and audiovisual equipment. The contractor must have facsimile (fax. equipment, and will accept registrations by mail or fax.
- e. Preparation of training packets, nametags, agendas and other training materials as may be requested.
- f. Obtaining appropriate CMEs/CEUs for all workshops, providing CME/CEU certificates and maintaining CME/CEU documentation for the duration of time specified by the certifying body. CME workshops must include risk management credits whenever possible; Radiologic Technologist workshops must include at least one (1. radiation safety CEU per training.

Performance Standards

- The contractor demonstrates efficiency in handling BCCTI logistics.
- All arrangements are made in a timely manner allowing maximum notification for all potential faculty and attendees.
- The contractor maintains complete, accurate mailing lists for the purpose of participant recruitment.
- Training materials are professional in appearance.
- The contractor responds to inquiries from potential workshop participants in an efficient and timely manner.
- Training programs are conducted in the most cost-effective manner possible. For example, the contractor utilizes low-cost or free facilities for training sessions whenever feasible and training materials (brochures, agendas, etc.. are developed “in-house.”

- At all times, the contractor has the ability to provide MDPH with accurate information about the status of each training workshop -- dates/locations, number of registrants, problems in recruitment of faculty or participants, outcome, etc.

C. Program Support and Administration and Other Program Requirements

1. The contractor will provide staffing and clerical support to adequately carry out the activities and conditions of the BCCTI contract. The contractor will designate (or hire) a lead staff member to serve as the primary contact person with MDPH, and provide a single point of program accountability. This contact person will assure the implementation and oversight of BCCTI training objectives. The contractor will maintain a staffing pattern that provides timely and efficient responses to people who inquire about BCCTI programs, or who register by phone, fax or mail.
2. The contractor will assure that all staff affiliated with the BCCTI receive adequate training and supervision to accomplish the tasks of the contract.
3. BCCTI contractor will attend **all** meetings relevant to the BCCTI or the Breast and Cervical Cancer Initiative as requested by MDPH, or will give advance notification to MDPH explaining inability to attend. The contractor will develop a clear understanding of the health care services that are provided under the Initiative.
4. The contractor will submit all proposed workshop brochures, curricula and program agendas to MDPH for approval prior to production.
5. The contractor will be allowed to charge a reasonable registration fee to the majority of BCCTI workshop participants. This fee will offset the cost of refreshments/meals and other site costs. Registration fees will be determined in negotiation with MDPH.

II. DESIRED PROGRAM RESULTS AND PROGRAM ASSESSMENT

A. Results

The broad goals of the BCCTI are to increase the number of women who are referred for breast and cervical cancer early detection services; improve the quality of those services; and increase the knowledge of clinicians regarding follow-up of abnormal findings.

Desired Outcomes/Outputs

Outcomes are the results or accomplishments that occur (at least partially) because of the services provided. An outcome is defined as a measurable change in life conditions or behaviors of customers.

- For the clinical skills refresher training, participants will be able to demonstrate clinical competency in the areas of Pap tests and clinical breast examinations, utilizing standard testing procedures for the profession.

- A participant satisfaction survey will indicate that at least 80% of attendees rated each training as having met its overall objectives and at least 80% of attendees were, at a minimum, satisfied with each training session.

Desired Outputs

Outputs are the quantity of services provided or work conducted within an identified period of time.

- Number of training sessions conducted
- Number of participants attending each training session.

As described in detail under the Primary Service Elements, a five-year plan for the BCCTI would be expected to deliver the following:

Number of Sessions/Participants per Year

Audience	Year One	Year Two	Year Three	Year Four	Year Five
Clinician Education	10/250	10/250	10/250	10/250	10/250
Clinical Skills Refresher	TBD*/50	TBD/50	TBD/50	TBD/50	TBD/50
Radiologic Tech	4/50	4/50	4/50	4/50	4/50
Medical Physicist		1/30			
Cytology	1/50		1/50		1/50
Nursing Seminar Series	4/120	4/120	4/120	4/120	4/120
Nursing School Faculty	1/75				
Initiative Staff	3/TBD*	3/TBD	3/TBD	3/TBD	3/TBD
Aging Network	12/240	12/240	12/240	12/240	12/240

*TBD: To be determined in negotiation with MDPH

B. Program Assessment

MDPH will assess the performance of this contract according to outcome and output results achieved, adherence to performance standards and other criteria. The contractor is also expected to engage in self-evaluation.

The BCCTI contractor will be responsible for obtaining a complete summary evaluation of each workshop, and submitting the summary to MDPH within two weeks following the workshop.

The contractor will provide MDPH with monthly, quarterly and year-end reports summarizing all training activities and events, and will comply with other monitoring requirements as may be deemed necessary by MDPH.

III. BUDGET AND DPH CONTACT PERSON

The annual maximum obligation for the BCCTI contract will be up to \$90,000 - \$100,000. In future years, additional one-time funds may become available. For this reason the maximum

obligation of this contract will include a range of \$90,000 to \$150,000. This will be a cost reimbursement contract.

The DPH program contact person is Janice Mirabassi telephone number (617) 624-5455, fax number (617) 624-5075.

IV. APPLICATION INSTRUCTIONS

Applicants are requested to respond to all of the questions listed below. The responses to these questions and the completion of the required budget forms constitute the agency's proposal to the Department. Applicants will provide their responses on the Attachment A forms (located in Document 1 of the Statewide Services RFP). In responding to each question, applicants must write out the question and the response on the Attachment A, carefully following the sequence in each section.

The proposal may not exceed 20 pages single spaced, excluding the budget forms and the appendices or be smaller than 12 point.

I. PROGRAM DESCRIPTION

1. Briefly describe bidder's history of providing relevant continuing education programs. (If more than one agency is applying collaboratively for the BCCTI, please include historical information for each agency.. Include information about the categories of medical professionals, allied health professionals and/or outreach workers bidder has trained. Indicate whether or not the bidder has conducted any hands-on clinical training programs for health care providers. If yes, briefly describe this training and the outcome.
2. Briefly describe experience bidder has working on issues of women's health. Specify whether or not bidder has any expertise conducting continuing education programs on the topics of breast and/or cervical cancer. Discuss bidder's experience and expertise conducting programs on the topic of older/elder women's health.
3. Provide a brief overview of the bidder's proposed Breast and Cervical Cancer Training Institute.
4. Describe how the bidder will assess the breast and cervical cancer education and training needs of the professional and paraprofessional audiences. Discuss opportunities for provider and consumer input and feedback in this process.
5. What linkages does the bidder propose to make with other agencies and organizations to achieve BCCTI goals? Provide a list of these agencies/organizations, and provide memoranda of understanding from each agency briefly outlining the assistance/collaboration that will occur between the bidder and the agency. [Please note: for the BCCTI, MDPH requests **memoranda of understanding**, *not letters of support*.]
6. Discuss bidder's ability to recruit and subcontract with qualified experts to provide the proposed training programs. Include information about previous work with experts in the areas of cultural competency, sexual orientation, and/or elder health issues.

7. Develop a proposed training calendar for Year One of the BCCTI. Provide an annual workplan for July 1, 1997 - June 30, 1998 (Year One) with measurable goals, activities, a timeline and staffing needs.
8. Outline methods the bidder will use to assure consistent communication with MDPH staff.
9. Provide a statement that the bidder will:
 - Maintain an inventory of relevant breast and cervical cancer education and training programs offered statewide.
 - Assume responsibility for all program logistics as outlined in “Logistics” (see Program Description, section B3..
 - Attend all meetings as requested by MDPH.
 - Submit all proposed program materials to MDPH for prior approval.
10. Provide an organizational chart accompanied by a brief narrative describing how the BCCTI fits into the structure of the bidder’s agency.
11. Describe how the BCCTI will be coordinated and staffed, including the name (or the position name, if the person is to be hired. of the lead BCCTI staff person . Describe the direct supervision available to the staff member(s. responsible for implementing the BCCTI program, including the lead staff member, clerical assistance, etc.
12. Provide the résumé of personnel to be involved in the BCCTI at bidder’s agency. If personnel will be hired, include a brief job description for each position.
13. Detail the operating days and hours of the bidder agency, and specify how inquiries are handled during non-office hours.

II. DESIRED PROGRAM RESULTS AND PROGRAM ASSESSMENT

14. Briefly describe how you will achieve program outputs and outcomes.
15. Provide a statement that the bidder will:
16. Evaluate every training session.
17. Submit a complete summary of each workshop to MDPH within two weeks following the event.
18. Provide MDPH with monthly, quarterly, and year-end reports summarizing all training activities and events.
19. Comply with other monitoring requirements as may be deemed necessary by MDPH.

III. BUDGET

20. Complete the Attachment B budget forms and the Budget Worksheet according to the budget instructions. The Attachment B Budget forms, the Budget Worksheet and the budget instructions can be found in Document 1 of the Statewide Services RFP.
21. Submit the budget numbers on a separate paper accompanied by a narrative briefly describing, detailing and justifying each line of the budget.
22. In addition to the above, specify an **estimated** cost per training for each of the nine types of training workshops to be provided as part of the BCCTI.
23. Describe any in-kind contributions that are **not** listed in the budget as “Offset.”
24. Submit a copy of SOMWBA certification if applicable.

EARLY INTERVENTION TRAINING CENTER

I. PROGRAM DESCRIPTION

A. Program Overview

The Bureau of Family and Community Health (BFCH) seeks proposals from qualified, non-profit vendors to implement the statewide Early Intervention Training Center. The statewide Early Intervention Training Center will coordinate, develop, and implement a wide range of statewide and regional training activities and conferences designed to increase the knowledge, skills, and competency of early intervention staff, enrolled family members, personnel in associated early childhood programs, and selected others. Statewide and regional educational and training activities enhance the public health system's capacity to reduce risk and maximize prevention, intervention and treatment resources. Annual funding for this contract will be up to \$300,000. The Department of Public Health will award one (1) contract.

The services being procured through this RFP support the Department's commitment to training and continuing education for Early Intervention staff and families. The program represents a major component of the Department's responsibility to ensure a comprehensive system of personnel development for the early intervention service system. The Early Intervention Training Center will provide trainings and skill enhancement for staff and family members to meet the needs of that system. Opportunities for technical assistance and mentorship are also to be made available to programs and individuals. Training activities will be organized by the Center and facilitated by a diverse, culturally competent cadre of trainers with expertise in relevant public health, early intervention and early childhood issues. The Center will be responsible for recruiting, orienting, and retaining trainers to the system.

The Massachusetts Early Intervention system is comprised of sixty-six (66) community-based programs that provide integrated developmental services to families with children between birth and three years of age for whom there are developmental concerns due to identified disabilities, or for whom normal development is at risk due to certain birth or environmental circumstances. During Fiscal Year 1996, over 15,000 children and their families were enrolled in early intervention. Early Intervention Programs provide developmental, therapeutic and supportive services in a variety of models, all of which focus on the concerns, priorities and available resources of the family in relation to the child's needs. Disciplines represented on early intervention teams include physical therapists, occupational therapists, speech and language pathologists, developmental educators, nurses, social workers, and psychologists.

The Early Intervention Training Center will incorporate and promote the family centered approach employed in early intervention and assist staff and families in their personal and professional growth. Training activities presented and attended by both family members and early intervention personnel build on the team approach ingrained in the early intervention system. The contractor will develop and implement training for professional staff, paraprofessional staff, family members enrolled in program services, and others as determined in consultation with Department staff. The training program will work with Department staff on all aspects of personnel development for the early intervention system.

The Early Intervention Training Center will provide administrative support to the certification process of early intervention personnel. An Early Intervention Certification Coordinator will implement the ongoing certification of Early Intervention Specialists, Early Intervention Directors, and appropriate paraprofessionals in the field. Personnel certification will be performed in collaboration with Department staff and advisory bodies and will be based on education and the demonstration of competencies. Training will be developed that address the needs of staff working to achieve certification.

The funded agency must be a not-for-profit, Massachusetts based vendor agency with specific experience in training adult learners on topics related to infant, toddler and family development. The agency must be knowledgeable about early intervention services, developmental disabilities, and the range of needs of the diverse families in the state. The agency must have experience and ability in planning, coordinating, developing, and implementing trainings, conferences, and educational activities. Additionally, the agency must have the capacity to build relationships, network and maintain linkages with other early childhood service systems and consumers. The agency must have the capacity to begin activities on July 1, 1997.

B. Primary Service Elements

The primary service elements of this contract are *planning and needs assessment, training and personnel certification, and coordination of logistics for educational events*. The contractor will be expected to provide each primary service element and adhere to the specific performance standards.

1) Planning and Needs Assessment

The contractor will assess needs of the early intervention system, including families, clinicians, specialty providers and others with interests in early intervention training issues.

The Early Intervention Training Center will develop a comprehensive plan delineating how training needs will be assessed, how provider and consumer input will be solicited, and how linkages will be established with other state, health/human service agencies, early childhood systems and parent/consumer groups. In consultation with DPH, training priorities that emerge as the result of policy changes and monitoring activities, or innovations in the field will be identified.

Based on an assessment of current levels of knowledge and expressed areas of interest across the early intervention system, a yearly plan for activities in different training formats (e.g. workshops, mentorships) will be developed and implemented. The contractor will also identify specific collaborative activities to be undertaken with other training providers, including WIC, the Office for Children, the Departments of Education and Social Services, and Administration for Children and Families/Head Start. An advisory board will be established to provide input and guidance on the training needs of the Early Intervention system.

Performance Standards

- The training needs assessment includes provider and consumer input.

- The training needs assessment is conducted annually basis during the term of the contract.
- The annual training plan includes a variety of training formats, locations, and modalities.
- Innovative approaches to the recruitment, training, and retention of early intervention personnel are included in the annual plan.
- Collaborative activities with other training providers in the early childhood field are established, with at least one collaborative training being offered yearly.
- An advisory board meets on a regular basis to provide input and feedback to the Training Center.
- Within the first six months of the contract, the contractor presents to the Department a proposal exploring methods to broaden participation in trainings by the implementation of an appropriate fee structure for training sessions.

2) Training and Certification

a. Training

The Early Intervention Training Center will develop and implement multiple statewide and regional training activities. All trainings will be available to family members, and families will be included in the development and presentation of training programs. Trainings will be offered in different regions of the state. A semi-annual or annual catalog of training events will be developed and disseminated. A mentorship program for individuals working in early intervention and for programs will be established as a training model. The contractor will develop a system of Awareness Education seminars for pre-service outreach for students, high school and college, to discuss the field of early intervention as a career choice.

Performance Standards

- The contractor recruits and maintains a cadre of culturally competent, qualified trainers.
- The contractor implements an annual training plan based on a comprehensive, culturally relevant core curriculum which is cross-disciplinary and addresses collaborative work with infants, toddlers and their families for whom there are developmental concerns.
- Meetings are held twice each year with the Early Intervention staff of the Department of Public Health to review the training plan and to discuss policy and monitoring activities which may have training implications.

- An orientation training for new staff members in early intervention is presented at least three times annually, each consisting of 18 hours of training.
- Twice per year an orientation for new directors will be offered and presented.
- The contractor develops and implements a mechanism to ensure training events reflect current early intervention trends and needs and presents at least six workshops (full or half day) on different topics as continuing education seminars.
- A statewide mentorship program for early intervention personnel is implemented, with a minimum of twenty-five (25) mentorships being supported annually.
- A program mentorship program is offered to early intervention programs, with a minimum of fifteen (15) program mentorships provided each year.
- The contractor develops and implements an evaluation strategy and review processes to determine effectiveness of trainings.
- An Awareness Education Seminar series is developed and presented to a minimum of twenty-five (25) high schools or colleges each year.
- Collaboration with institutions of higher education that engage in pre-service training and continuing education of personnel in early intervention is demonstrated.
- Collaboration with other training programs for personnel working with young children is demonstrated.

b. Certification

The Early Intervention Training Center will administer an Early Intervention Personnel Certification program developed by the Department of Public Health. Certification will be provided for Early Intervention Specialists, Early Intervention Program Directors, and appropriate paraprofessionals. All certification requirements will be based on educational level and demonstrated competencies.

Performance Standards

- The contractor participates in advisory committees involved in the on-going implementation of a comprehensive system of personnel development for the early intervention system.
- Portfolio Review Committees for the certification process of Early Intervention Specialists, Program Directors, and paraprofessionals are developed, trained, and supervised.
- Trainings programs and technical assistance regarding certification and portfolio preparation are available and presented to appropriate groups and individuals.

- Training needs of the early intervention system in regard to proposed competencies are assessed and included in the annual training plan.
- Higher education programs leading to provisional certification for Early Intervention Specialists are reviewed and recommended to the Department of Public Health for approval.

3) Logistics

The Early Intervention Training Center will coordinate logistics for training and educational events.

Performance Standards

The contractor will perform all of the logistical tasks below in a timely efficient manner.

- develop, design, print and distribute training brochures or flyers, including "Save the Dates" upon request by DPH staff;
- secure accessible sites, audio/visual and assertive technology equipment for all training events;
- order and arrange for food;
- coordinate registration, including on-site registration;
- prepare training packets at the request of the trainers, including providing name tags, agendas and materials for training event;
- negotiate contractual agreements with trainers, including making travel and accommodations arrangements for trainers;
- arrange for awarding of continuing education units;
- ensure a cost-effective approach, locating training programs in comfortable, user-friendly sites without incurring excessive costs.

C. Program Support and Administration and Other Program Requirements

1. The contractor will work closely with Department personnel, members of the Personnel Preparation Committee of the Interagency Coordinating Council, representatives of institutions of higher education, and other organizations involved in providing training early childhood personnel and to the disciplines on early intervention teams.
2. The agency receiving the contract will be required to work with Department personnel, who will make periodic site visits and attend selected trainings provided by the contractor. An annual report is to be submitted, which will contain an evaluation of at least one of the training formats, which will be selected in consultation with Department personnel.

3. The contractor is expected to hire staff with expertise in the development and coordination of training for adult learners, and with expertise in development and management of staff certification programs. Staff must be knowledgeable in the areas of infant, toddler and family development, including atypical development, and in the organization and functioning of the early intervention system in Massachusetts. Understanding of the diversity of families served in the service system and the implications for this training program is required.

II. DESIRED PROGRAM RESULTS AND PROGRAM ASSESSMENT

A. Program Results

The primary goal of the Early Intervention Training Program is to enhance the quality of services provided to culturally, ethnically and racially diverse families of children with a broad range of developmental needs across the Commonwealth through on-going training of staff and families and through the certification of staff of early intervention programs.

Desired Program Outputs

Outputs are the quantity of services provided or work conducted within an identified period of time.

- Needs assessment performed on a schedule agreed to by the Department.
- Number and format of orientation and training sessions held for early intervention providers and families and number of attendees in compliance with performance standards.
- Number of individual and program mentorships provided as stated in performance standards.
- Collaborative activities with institutions of higher education and other providers of training for personnel working with young children.
- By July 1998, Early Intervention Specialist certification to 100% of eligible early intervention staff.
- By January 1999, Early Intervention Program Director certification to 100% of eligible early intervention program directors.
- By June 1999, paraprofessional certification to 100% of eligible paraprofessionals employed in early intervention programs.
- An annual plan for training is accepted by the Department of Public Health.
- An annual report is provided to the Department of Public Health with evaluation of program functioning.

B. Program Assessment

The Department of Public Health will monitor the progress of the contractor through on-site reviews of training sessions, review of annual plan and annual report, quarterly meetings with contractor, and review of progress toward meeting performance indicators and standards.

The contractor will be expected to monitor/assess their own performance by periodically evaluating progress made toward achievement of results and progress in meeting program performance standards.

III. BUDGET AND DPH PROGRAM CONTACT PERSONS

The program will be funded at a level up to \$300,000 annually, through federal grant funds received by the Department, and will be reimbursed through a cost reimbursement contract. The agency must provide evidence of administrative capacity to carry out the fiscal management of the training program, including the capacity to meet all financial obligations in a timely manner. The budget should include the cost of materials and meals provided to training participants. An estimate of revenue to be collected from course fees should be included. Specific fees will be established with the Department of Public Health within the first six months of the contract. Correct staff position titles, as listed in the Price Component Catalogue should be utilized. Please read Instructions for Completing the Budget Proposal carefully.

The DPH program contact persons are Ron Benham, telephone number (617) 624-5969 and Karen Welford telephone (617) 624-5975, fax number (617) 624-5990.

IV. APPLICATION INSTRUCTIONS AND QUESTIONS

Applicants are requested to respond to all of the questions listed below. The responses to these questions and the completion of the required budget forms constitute the agency's proposal to the Department. Applicants will provide their responses on the Attachment A forms (located in Document 1 of the Statewide Services RFP). In responding to each question, applicants must write out the question and the response on the Attachment A, carefully following the sequence in each section.

The proposal may not exceed 20 pages single spaced, excluding the budget forms and the appendices or be smaller than 12 point.

I. PROGRAM DESCRIPTION

1. Describe your agency's philosophy and mission, including the agency's prior experience with and knowledge of the Early Intervention service system in Massachusetts. Describe the agency's current programs and activities.
2. Describe the agency's experience in planning and conducting trainings regarding infant and toddlers for whom there are developmental concerns, their families and early intervention services in general. Describe the agency's experience in planning and conducting trainings for the range of disciplines represented on early intervention teams.

3. Describe the agency's knowledge and experience in certification procedures and competency-based personnel assessment.
4. Describe the agency's knowledge of current issues regarding early intervention personnel recruitment and retention. Affirm the agency's willingness to contribute to policy formulation with DPH staff and advisory boards regarding the recruitment, retention and training of EI staff.
5. Describe the needs assessment process and how this information will be used in determining the number and content of training programs.
6. Describe in detail the agency's proposed strategies for planning and conducting training in a variety of formats. Describe formats other than workshop/conference style training, and the numbers of participants expected to be accommodated in each of these.
7. Describe the agency's plan for accommodating the certification of early intervention staff members within the training program structure. Indicate the responsibilities of program staff in these activities.
8. Describe the agency's plans for the development of an Advisory Board structure with members including but not limited to: a representative of higher education engaged in preparation of early intervention personnel, an early intervention staff member, a current early intervention director, and a family member, currently or previously enrolled in early intervention. Attach letters of agreement from appropriate individuals indicating their interest in participation.
9. Provide an annual July 1, 1997 - June 30, 1998 workplan for that identifies activities, staff responsible, and timelines.
10. Identify the types of training expected to be available to new staff, mid level staff and advanced staff. Describe the formats to be utilized (e.g. mentorship, workshop, program consultation). Describe methods to assess trainees' satisfaction with the training opportunity.
11. Describe how family members will be involved in the development and presentation of all training sessions. Provide a description of methods to encourage participation in training sessions of families enrolled in Early Intervention.
12. Describe the agency's professional and administrative capability to carry out this project successfully.
13. Attach an organizational chart specifically indicating where the proposed training project will be located.
14. Affirm that the agency will cooperate with DPH staff and relevant advisory committees in addressing issues related to recruitment, retention, training and certification of Early Intervention staff.

15. Describe methods to be employed to evaluate training formats other than workshop presentations (e.g. mentorships). Affirm that the agency will cooperate with efforts for the DPH to monitor the effectiveness and efficiency of program activities. Affirm that an evaluation of at least one training format will be carried out annually, and reported on in the annual report.
16. Provide job descriptions for each position to be supported through this contract.
17. Provide name and resumes of principal staff who can be identified at this time. Resumes may be appended. Provide the name of person in agency who will supervise/oversee the Training Center.

II. DESIRED PROGRAM RESULTS

18. Describe how program quality assurance will be maintained.
19. How will your agency meet the desired program results?

III. BUDGET

20. Complete the Attachment B budget forms and the Budget Worksheet according to the budget instructions. The Attachment B Budget forms, the Budget Worksheet and the budget instructions can be found in Document 1 of the Statewide Services RFP. Detail all expenditures and source (i.e. DPH, Agency in-kind. Other)
21. Provide a one page budget justification narrative.
22. Provide documentation of SOMWBA certification if appropriate.

SCHOOL HEALTH INSTITUTE

I. PROGRAM DESCRIPTION

A. Program Overview

The Bureau of Family and Community Health, Division of Prevention, School Health Unit seeks proposals from qualified applicants to plan and conduct a School Health Institute(SHI). The School Health Institute is responsible for offering on an annual basis, a series of regional and statewide educational programs to develop the skills of school personnel, school-based health center staff and school nurses. The Bureau of Family and Community Health anticipates awarding one contract of up to \$190,000 annually.

The services being procured through this Request For Proposal (RFP) support the School Health Unit's goal of providing training and continuing education on school health issues for school personnel throughout the Commonwealth. The School Health Unit at the Department of Public Health funds numerous School Based Health Centers and Enhanced School Health programs. In addition, it provides technical consultation to 351 school systems and 600 private schools throughout the Commonwealth. Training for school-based staff including nurses, administrators and teachers is an integral part of the School Health Unit's mission. This staff has daily contact with students which provides a unique opportunity to recognize the warning signs of physical and psycho-social problems, as well as risk-taking behaviors. The School Health Institute is designed to provide educational opportunities to upgrade and enhance the skills and knowledge of school personnel so that early and effective intervention can occur.

School health service programs have to respond rapidly to meet the changing and diverse needs of today's student population. Increased numbers of students with special health care needs are attending school. Changes in family life and structure have placed new stresses and responsibilities on schools. Rates of social morbidity such as substance abuse (including tobacco), violence, and HIV/AIDS are rising in the youth population. All these issues have implications for the school as an educational institution--and, more recently, as a focus of increased health activities. Staff involved in school health programs must develop public health knowledge and skills, management skills and structure, collaborative relationships, linkages within the community and creative programs to respond to these issues, while joining with their educational counterparts to promote healthy behaviors for the Commonwealth's children and adolescents. The School Health Institute offers the educational arm to develop the needed school health expertise and skills and understanding of the infra-structure of a rapidly changing school health service system.

Services procured through this contract will be provided to school nurses, school physicians, school administrators, teachers, health educators, and health service personnel who work in the Commonwealth's public and non-public schools.

Qualified bidders for the School Health Institute must have extensive experience in providing quality nursing education at both the undergraduate and graduate levels, or they must have an arrangement to subcontract with such an agency to aid them with the School Health Institute. They must also have experience in organizing statewide regional continuing education

conferences and trainings for school health staff and administrators, and demonstrated capabilities in health education and adult education methods and techniques.

B. Primary Service Elements

The three primary service elements for the delivery of statewide targeted capacity services include: ***needs assessment and planning; training; and logistics***. Applicants are expected to support each service element by adhering to the specified performance standards. All service elements will be delivered with competencies in culture, language, gender, sexual orientation, disability and age.

1) Needs Assessment and Planning

The School Health Institute will develop an annual and long-term plan to assess the health service and health education training needs of school personnel, school-based health center staff, and school nurses for the Commonwealth's public and private schools. The School Health Institute will define the target audience; incorporate input from the School Health Unit into the training program design, and collaborate with other state and health and human service agencies.

Performance Standards

- The training needs assessment process includes school nurses, school physicians, administrators, teachers and the MDPH School Health Unit staff and considers strategies for identifying and prioritizing school health service and school health systems needs;
- An annual action plan is submitted to the School Health Unit at the start of each contract year. The action plan includes a description of the training needs assessment process, measurable goals and objectives, action steps, a description of how each performance standard is measured, a description of staff responsibilities, and a timeline for implementation. The action plan also includes a description of the strategies for increasing training program participation by 10% each year.

2) Training

The School Health Institute contractor will provide educational sessions for a variety of school personnel to enhance their skills in establishing a school-wide system for responding to the health needs of students. The following represents the list of programs to be offered on an annual basis unless otherwise negotiated and approved by the MDPH/School Health Unit. Each training will be offered in different regions of the state.

Educational Programs:

1. School Nurse Orientation: The School Health Institute will provide a comprehensive orientation for new school nurses in the fall of each year and conduct a follow-up program for these new school nurses in the spring. The target audience is school nurses new to their

roles in the given school year. The orientation must be held at a site easily accessible from all areas of the Commonwealth.

2. “Train-the-Trainer Program for Medication Administration in the Schools”: In March 1993 the Regulations Governing the Administration of Prescription Medications in Public and Private Schools were promulgated. Schools may choose a delegation option in a nurse-managed program. If this option is selected the school nurse must attend a “train-the-trainer” program to develop a school-based program for training unlicensed personnel. The target audience is school nurses from public and private schools.

3. Population-Based Screening Training: Population-based screening programs required by statute (M.G.L. c71, s57) are important health services available to every student in the Commonwealth’s public schools. The School Health Institute will (a) conduct six “train-the-trainer” programs on vision and hearing screening, and (b) arrange for the National Scoliosis Foundation, Incorporated to conduct seven postural screening training programs for school nurses and physical education teachers with a percentage of the total budget assigned by the School Health Unit. The target audience for vision and hearing trainings are the school nurses (R.N.). The postural screening program is designed for school nurses (R.N.) and physical education teachers.

4. Health Assessment Skills Training: School nurses and nurses working in school-based health centers need additional skills in health assessment. Health assessment should include both physical and psycho-social assessment. The target audience is school nurses (R.N.) and other clinical personnel working in school-based health centers.

5. Program Management Training: General educational needs in the area of management include but are not limited to (a) development of a student health needs assessment, including community health indicators; (b) program planning; (c) program implementation; (d) evaluation techniques; and (e) strategies for negotiation and resolution of disagreements which may occur with parents, students, other school personnel and community representatives. Target audience members are school nurses (R.N.), school-based health center staff, and other school-based leaders responsible for implementing school health service programs.

6. Violence Prevention Program (including teen dating violence and sexual assault prevention) Training: The School Health Institute will provide training and education to school personnel to prevent domestic violence, sexual harassment, dating violence and/or exposure to violence among youth of all ages. The School Health Institute will be expected to collaborate closely with Department of Public Health in developing these training sessions. The target audience is school staff including teachers, administrators, school nurses (R.N.), school-based health center staff, athletics staff and others interested in implementing violence prevention programs in their schools.

7. Emergency Care Planning: Schools are being urged to develop plans for group emergencies and crises (such as student deaths/suicides and bomb scares). The School Health Institute will be expected to develop regional educational programs which focus on these two areas of emergency readiness. The target audiences are school health personnel (including nurses and school-based health center staff), teachers and administrators.

8. Tobacco Control Training: Collaborating closely with the School Health Unit and the Massachusetts Tobacco Control Program staff, the School Health Institute will offer regional programs on tobacco prevention education and training programs for smoking cessation group facilitators. The target audiences are school health personnel (including school-based health center staff and school nurses (R.N.)), teachers, coaches, and administrators.

9. Evaluation and Quality Assurance Training: The School Health Institute will provide regional programs with practical assistance in implementing evaluation and quality assurance programs. The target audiences are school-based health center staff and school nursing leaders.

10. Adolescent Health Trainings: School nurses and school-based health center staff need additional education in normal adolescent growth and development and health issues. School health personnel will be trained to use the federal Maternal and Child Health Bureau/ Children's Hospital Adolescent Program curriculum to teach a variety of audiences, including parents. The target audiences are school-based health center clinical staff, school physicians and school nurses.

11. Nutrition Trainings: In order to enhance the knowledge of the school personnel in this vital area, the School Health Institute will work in collaboration with the Department of Public Health/Office of Nutrition to develop a variety of nutrition programs, including content and "best practices". The target audiences are school health personnel, teachers and food service leaders.

12. Other Trainings: Because school health services are rapidly changing, demands for continuing education may also change. Collaboration between the School Health Unit staff and the School Health Institute will be essential to adjusting, adding or substituting the content and/or programs as new issues arise.

The School Health Institute is expected to understand the role of school nurses in an educational setting and to design, conduct and evaluate all professional and clinical training sessions offered to school personnel through the Institute.

Performance Standards

- Consultation and technical assistance are provided to the School Health Unit on the development and implementation of training programs to update the clinical and management skill of school nurses, school-based health center staff and other school health personnel who develop and manage comprehensive school health education and health service programs;
- Training sessions are provided to develop the observational skills of clinical personnel practicing in the school setting to recognize early warning signs and refer students in need of health services;

- Training activities are coordinated and facilitated in a variety of settings and forums across the Commonwealth. Educational programs addressing identified needs will be provided to the relevant personnel within the school setting.
- Participants in the training sessions are provided with all appropriate resource materials, approved by the School Health Unit, to implement the strategies and school health service elements taught. Competency tests, curriculum and learning objectives will be provided for “train-the-trainer” programs when appropriate.
- Faculty conducting any training session possess the necessary and appropriate professional licenses, certification and/or expertise required to prepare school health service personnel. The MDPH shall approve all faculty.
- Evaluation instruments are developed and utilized for each training session offered. The instrument shall evaluate the facility, faculty, resource material, environment and program content and made available to the MDPH on request.

3) Logistics

The School Health Institute will coordinate all logistics for training and educational events. The vendor is expected to meet these performance standards for all training activities procured through the RFP.

Performance Standards

- The development design, printing and distribution of training brochures/flyers, including “Save the Dates” is coordinated by the vendor.
- All training events are accessible to persons with disabilities. Training sites are wheelchair accessible, and accommodations for auxiliary services and equipment are made available.
- Training events are provided in tobacco-free environments.
- Conference fees are charged when meals are provided at trainings.
- Registration for all training events is coordinated and arranged by the vendor.
- Training packets including, name tags, agendas, and materials for training events are developed and distributed to training participants.
- Continuing education units (CEU’s) and professional development points (PDP’s) are available for all trainings. The School Health Institute will maintain all records as required.

- Each training event is evaluated. Evaluation summaries are made available to the School Health Unit quarterly and on request.
- Content and faculty for each training are developed with final approval by the School Health Unit.

C. Provider Support and Administration and Other Program Requirements

The School Health Institute will be expected to demonstrate adequate staffing and administrative support for the delivery of services being procured through this RFP.

- Program staff meet qualifications, receive regular supervision and on-going training.
- Training sites and facilities meet school personnel needs.
- Interim status reports indicating the number and category of participants in each training session to be submitted by the first day of November and February of the contracted cycle or at the request of the School Health Unit.

II. DESIRED PROGRAM RESULTS AND PROGRAM ASSESSMENT

Applicants may describe any additional results, outcomes and/or outputs that are not stated below.

A. Program Results

The overall goal of the School Health Institute is to improve the statewide delivery of comprehensive health and human services by school health personnel to children and adolescents in the school setting through training and continuing education. The result is making children healthy and ready to learn.

Desired Outputs

Outputs are the quantity of services provided or work conducted within an identified period of time.

- 1. School Nurse Orientation:** Conducted in the fall of each year and a follow-up program in the spring.
- 2. “Train-the-Trainer Program for Medication Administration in the Schools”:** A single day program should be given at least six times between September through February in each year.
- 3. Population-Based Screening Training:** These programs should be scheduled early in the school year (October/November/December). There should be one available in each of the six regions of the Commonwealth with one scheduled in conjunction with the new school nurse orientation program.

- 4. Health Assessment Skills Training:** Six programs scheduled across the Commonwealth.
- 5. Program Management Training:** Six programs scheduled across the Commonwealth.
- 6. Violence Prevention Program (including teen dating violence and sexual assault prevention) Training:** Six 1 to 2 day programs scheduled across the Commonwealth.
- 7. Emergency Care Planning:** Six training programs scheduled across the Commonwealth.
- 8. Tobacco Control Training:** Six training programs scheduled across the Commonwealth.
- 9. Survey Research Training:** Six training programs scheduled across the Commonwealth.
- 10. Adolescent Health Trainings:** A minimum of two programs to be given in the eastern and western areas of the Commonwealth.
- 11. Nutrition Trainings:** Six training programs scheduled across the Commonwealth.
- 12. Other Training:** Training provided as issues are defined and arise that may be held at locations throughout the Commonwealth.

B. Program Assessment

The applicant is expected to monitor performance and report progress made on meeting each of the stated outputs and performance standards. The applicant will be expected to collaborate with the School Health Unit in the development of all appropriate tools to measure outputs and performance.

III. BUDGET AND DPH PROGRAM CONTACT

The DPH program contact is Tom Comerford, telephone number (617) 624-5472, fax number (617) 624-5075.

Annual funding of up to \$190,000 is available to fulfill the obligations described in this document. Reimbursement for this contract will be on a cost reimbursement basis.

The budget should include a detailed description of the cost for planning the programs, staffing patterns, material, and equipment. All subcontracts must be listed. Other income, referral relationships, in-kind services and expenses used to operate this institute should be listed.

IV. APPLICATION INSTRUCTIONS AND QUESTIONS

Applicants are requested to respond to all of the questions listed below. The responses to these questions and the completion of the required budget forms constitute the agency's proposal to the Department. Applicants will provide their responses on the Attachment A forms (located in

Document 1 of the Statewide Services RFP). In responding to each question, applicants must write out the question and the response on the Attachment A, carefully following the sequence in each section.

The proposal may not exceed 20 pages single spaced, excluding the budget forms and the appendices or be smaller than 12 point.

I. PROGRAM DESCRIPTION

1. Provide an overview of your agency and describe how it fits with the mission of the School Health Institute;
2. Describe your experience in providing these training and continuing education services to the target audiences of school nurses (R.N.), school administrators, teachers;
3. Provide a description of your organization and address your qualifications as a bidder as defined in IA;
4. Provide a prototype brochure with a general schedule, training locations, time of trainings, description of programs, faculty and any other conditions required for registration;
5. Provide an evaluation instrument(s) that assess the content of the training, faculty performance, and other relevant factors;
6. Describe all subcontracting arrangements for faculty or other services that your organization will use in the School Health Institute;
7. Describe your organizations, capacity to provide statewide trainings in terms of the infrastructure of your organization. Please include staffing, existing telephone structure, computers/networks, FAX, copy and printing resources available in all regions across the Commonwealth.
8. Provide an annual work plan for July 1, 1997 - June 30, 1998 that outlines specific activities, person(s) responsible and timelines.
9. Provide the name of person(s) who will manage this contract and their resumes.
10. Provide three letters of support.

II. DESIRED PROGRAM RESULTS AND PROGRAM ASSESSMENT

11. Describe how your agency will conduct quality assurance activities.
12. How will your agency meet the desired program results?

III. BUDGET

13. Complete the Attachment B budget forms and the Budget Worksheet according to the budget instructions. The Attachment B Budget forms, the Budget Worksheet and the budget instructions can be found in Document 1 of the Statewide Services RFP. Detail all expenditures and the source (i.e. DPH, Agency In-Kind, other source)
14. Provide budget justification narrative.
15. Attach copy of SOMWBA certification if applicable.

TOBACCO CONTROL STATEWIDE TRAINING CENTER

I. PROGRAM DESCRIPTION

A. Program Overview

The Bureau of Family and Community Health seeks proposals from experienced, qualified, non-profit vendors to plan, coordinate, and implement a wide range of basic and advanced trainings on tobacco control. The Department will award one (1) contract for up to \$200,000.

The goal of the Tobacco Control Statewide Training Center is to provide skill-building and training to enhance tobacco control efforts in Massachusetts. Statewide and regional training activities will be designed to increase the knowledge, awareness, skills and competency of MTCP-funded agencies and other health and human service professionals. Basic and advanced trainings will address emerging tobacco prevention, policy and cessation issues and practices, related health issues, population-specific issues, and program management and operations. The Tobacco Control Training Center will be responsible for recruiting and maintaining a pool of qualified trainers.

The Tobacco Control Training Center will coordinate trainings across the state. Training events may include half-day or one-day formats from 10 to 50 participants. Conferences may be one or two day events serving from 100 to 800 participants. Training activities must be culturally competent, inclusive, accessible to persons with disabilities, and geographically accessible to professionals across the Commonwealth. The vendor will solicit provider input into the process and participate in a Statewide Training Advisory Committee convened by the Massachusetts Tobacco Control Program.

Priority will be given to applicants with demonstrated experience in the delivery of training services and the ability to build relationships, network, and maintain linkages with relevant health and human service professionals.

B. Primary Service Elements

The primary service elements for the delivery of statewide training activities include: needs assessment and planning, training, and logistics. Applicants must design programming that meets performance standards.

1) Needs Assessment and Planning

The Tobacco Control Statewide Training Center will develop a process for assessing provider training needs. An annual training workplan will be developed.

Performance Standards

- An on-going needs assessment process is established to solicit provider input at regular intervals. The needs assessment identifies the amount of training needed by the system, subject of trainings and training priorities. The needs assessment will be utilized to

develop an annual workplan. All trainings must be approved by the Statewide Training Advisory Group.

- An annual workplan is submitted to the Massachusetts Tobacco Control Program. The workplan will include a description of the needs assessment process for the year, trainings that are identifiable at the time of submission of the workplan, training formats, projected number of training events and individuals trained, projected costs, and other relevant productivity standards.
- Earmark \$2,000 for each region. Region specific training plans will be developed and approved by MTCP Regional Coordinators and Regional Steering Committees.

2) Training

The Tobacco Control Statewide Training Center will develop and implement trainings across the state. Training activities shall be conducted by consultants/subcontractors.

Performance Standards

- Statewide and regional trainings are geographically accessible.
- A cadre of culturally competent trainers is recruited and maintained. The trainer list is updated annually.
- A comprehensive, culturally inclusive basic and advanced curriculum is delivered which addresses emerging tobacco prevention, policy and cessation issues and practices, related health issues, population-specific issues, and program management and operations.
- State-of-the-art training methods and models will be utilized.
- A semi-annual or annual catalog of training events is developed and distributed statewide.
- Training evaluations are completed by the participants and an analysis is submitted to MTCP in the bi-annual report, including changes and improvements implemented as needed.
- A one-day Tobacco Control Statewide Conference is planned, coordinated and conducted annually.
- Regional training plans as specified by the Regional Coordinators and Regional Steering Committee are submitted for approval to the Statewide Training Advisory Group and implemented by the vendor.

- Training activities are coordinated with the DPH Regional Prevention Centers. An inventory of other statewide training activities is maintained to reduce duplication and increase collaboration.

3) Logistics

The Tobacco Control Statewide Training Center will coordinate all logistics for training activities.

Performance Standards

- Training brochures/flyers are developed, designed, printed, and distributed. “Save the Date” will be sent upon request of the MTCP Program Manager.
- Approval is received from the MTCP Program Manager prior to each training for all draft scripts, art layouts and other materials in their pre-production stage.
- Contractual agreements with trainers, including travel and accommodations, are arranged by the vendor.
- Registration for all training events is coordinated and arranged by the vendor.
- Training packets including name tags, agendas, and materials for the training event are developed, coordinated and distributed to training participants.
- All training events are accessible to persons with disabilities. Training sites are wheelchair accessible and accommodations for additional services and equipment are made available.
- Training events are provided in tobacco-free environments whenever possible.
- Continuing education units are available for all training events.
- Wrap-up logistics (i.e. thank you letters to speakers, mailing of additional materials, etc.) are provided by the vendor.
- Fees will be charged for meals provided at trainings.
- Logistics are provided for all regional trainings (\$2,000 earmarked for each region) as specified by the Regional Coordinators and Regional Steering Committees.

C. Program Support and Administration and Other Program Requirements

The Statewide Training Center will demonstrate that there is adequate staffing and administrative support to deliver the service described in this RFP.

- The staffing pattern and staff qualifications support the operation of the program.

- Staff receive supervision and training as necessary.
- The location of the program and hours of operation support program activities.
- Applicant agency must be tobacco-free.
- The vendor will submit monthly Management Information System (MIS) reports to MTCP. In addition, a bi-annual report is required that provides a complete description of training events, participants and a summary consumer evaluation.

II. DESIRED PROGRAM RESULTS AND PROGRAM ASSESSMENT

A. Program Results

The goal of the Tobacco Control Statewide Training Center is to increase the knowledge, awareness, skills and competency of MTCP-funded agencies and other health and human service professionals.

Desired Program Outputs

Outputs are the quantity of services provided or work conducted (as specified throughout this RFP) within an identified period of time.

- Develop and conduct an assessment of the training needs of MTCP-funded programs. The MTCP Regional Meetings may be utilized to assure that all MTCP-funded programs are reached.
- Design and conduct quality, state-of-the-art trainings. The vendor will address the training needs of the tobacco control provider system and identify the number of trainings, subjects and training priorities. Productivity standards will be negotiated annually.
- Measure the effectiveness of each training using several methods, including participant evaluations and post-training surveys of skills and knowledge.
- Attend Regional Monthly Meetings (up to 72) to assist each Regional Steering Committee to determine training needs.
- Coordinate a one-day statewide conference that increases participant's knowledge and skills related to tobacco control. The number of participants attending is estimated at 450.
- Coordinate with DPH, the Department of Education, the Executive Office of Public Safety, other MTCP statewide vendors and Regional Prevention Centers to ensure well-coordinated, complimentary efforts.
- Participate in a conference planning committee convened by MTCP.

B. Program Assessment

The contracted agency will assure quality and self monitor performance by conducting annual quality assurance activities.

III. BUDGET

DPH contact person for the RFP is Lucinda Perry, Special Projects Coordinator telephone number is (617) 624-5909, fax number (617) 624-5921

The maximum obligation annually is up to \$200,000.

Training sessions for DPH-funded programs shall be conducted at no cost to the training recipient. However, a registration fee will be charged if meals are provided at the training.

Reimbursement for this contract will be on a cost reimbursement basis in accordance with 808 CMR Prices for Social Service Programs.

IV. APPLICATION INSTRUCTIONS AND QUESTIONS

Applicants are requested to respond to all of the questions listed below. The responses to these questions and the completion of the required budget forms constitute the agency's proposal to the Department. Applicants will provide their responses on the Attachment A forms (located in Document 1 of the Statewide Services RFP). In responding to each question, applicants must write out the question and the response on the Attachment A, carefully following the sequence in each section.

The proposal may not exceed 20 pages single spaced, excluding the budget forms and the appendices or be smaller than 12 point.

I. Program Description

1. Describe the philosophy, mission and experience of the agency as it relates to the Tobacco Control Statewide Training Center. Describe the agency's training experience. Describe your agency's experience at conference organizing. Include an agency organizational chart indicating where the Tobacco Control Training Center will be located.
2. Describe the proposed implementation of each of the three service elements. Address the performance standards in each section (e.g. describe how trainings will be geographically accessible by identifying proposed sites for training).
3. Describe strategies for reaching the target audience for trainings and conferences. Estimate the number of people to be trained during year one.
4. Identify linkages and collaborations with agencies and individuals that will advance the operational goals of the program.
5. Provide a sample three month work plan that demonstrates your agency's expertise in planning a training program.

6. Describe the agency's process for providing access to training and training materials for people with disabilities. Identify human and financial resources available or needed to accomplish this goal.
7. Describe the agency's process for providing communication access for deaf or hard of hearing training participants. Identify human and financial resources available or needed to secure a qualified sign language interpreter or other communication assistance. Describe the agency's process for receiving accommodation requests from participants with disabilities.
8. Describe the program's staffing pattern, staff credentials and qualifications. Describe how staff orientation, supervision and training will be accomplished.
9. Describe your program location and hours of operation.
10. Affirm that applicant agency is tobacco-free.
11. Describe your agency's protocols for completing MIS reports. Specify who is responsible and how information will be monitored for completeness and accuracy.

II. Desired Program Results and Program Assessment

12. Submit examples of evaluation tools used to measure effectiveness of training.
13. Describe how your agency will conduct quality assurance activities.

III. Budget

14. Complete the Attachment B budget forms and the Budget Worksheet according to the budget instructions. The Attachment B forms, the Budget Worksheet and the budget instructions can be found in Document 1 of the Statewide Services RFP.
15. Complete Attachment B (Program Budget) and accompanying worksheets. Submit a budget justification narrative.
16. Specify agencies with which the agency proposes to develop subcontracts. Include the purpose of each subcontract, brief description of each subcontractor's qualifications for the proposed task, SOWMBA status, and a letter of agreement from each prospective subcontractor.
17. Submit copy of SOMWBA certification if appropriate.

